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720 Main Street, PO Box D, Forest City, PA 18421
(570)-785-3131
www.nep.net

Received & Inspected

AUG 06 2014

FCC Mail Room

Thursday, July 31 2014

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20054

Re: NEP Cellcorp, Inc.
FCC Form 690 Mobility Fund Annual Report
Phase 1 - §54.1009

Dear Ms. Dortch:

Pursuant to Docket Number 10-208 of the Commission's Rules, NEP Cellcorp, Inc. (NEP) has included a hard copy of FCC Form 690, the Mobility Fund Annual Report. The report includes seven individual reports for NEP's eligible CETC Study Areas of

- 178001
- 178002
- 178003
- 178004
- 178005
- 178006
- 178008

Please note the first page of each stapled document has been stamped with a "RETURN COPY" for your convenience. Please mark the enclosed copy of this filing as "received" and return in the self-addressed pre-paid envelope provided.

Should you have any questions with respect to this matter, please communicate directly with the undersigned.

Respectfully submitted,


Rick Kulasinsky

No. of Copies rec'd 0
List ABCDE



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 690](#)

CONFIRMATION

Congratulations. Your filing has been successfully certifi

Filing 1 was successfully certified on Thu 31 Jul 14 02:16:46 PM EDT by rk@nep.net .

SAC : 178002

SPIN : 143037171

Carrier Name : NEP Cellcorp, Inc.

Program Year : 2014

Filing Type : Annual Reporting

[Return to 690 Search](#)

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No. of Copies rec'd 0
List ABCDE

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code	178002
<015> Study Area Name	NEP Cellcorp, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Rick Kulasinsky
<035> Contact Telephone Number: Number of the person identified in data line <030>	5707853131 ext.
<039> Contact Email: Email of the person identified in data line <030>	rk@nep.net

(check box when complete)

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040>	<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div>Form481NEPCellcorpInc178002.pdf</div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div>179010</div>
<043> Cite the date of the Form 481 reporting	<043>	<div>07/01/2014</div>
<050> Carrier Contact Information (has the contact info. changed since prior filing? Yes or No)	<050>	<input type="radio"/> <input checked="" type="radio"/>
(if yes, complete the attached worksheet)		
<060> Coverage and Performance Report (complete attached worksheet)	<060>	<input checked="" type="checkbox"/>
<070> Urban Rate Comparability Certification (complete attached certification)	<070>	<input checked="" type="checkbox"/>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)	<080>	<input type="radio"/> <input checked="" type="radio"/>
(if yes, complete the attached worksheet)		
<090> Project Update Information (complete attached worksheet)	<090>	<input checked="" type="checkbox"/>
<100> Certifications		
<101> Reporting Carrier Certification (complete attached certification)	<101>	<input checked="" type="checkbox"/>
<102> Agent Certification (complete attached certification)	<102>	<input type="checkbox"/>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	178002
<015>	Study Area Name	NEP Cellcorp, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Kulasinsky
<035>	Contact Telephone Number - Number of person identified in data line <030>	5707853131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	
<111>	Filing Carrier Name	
<112>	Winning Bidder Carrier Name	
<113>	Street Address (or PO Box)	
<114>	City	
<115>	State	
<116>	Zip-Code	
<117>	Telephone Number	
<118>	Fax Number	
<119>	Email Address	

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Filing Carrier Name	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

Authorized Agent Information

if no agent, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	
<121>	Company	
<122>	Street Address (or PO Box)	
<123>	City	
<124>	State	
<125>	Zip-Code	
<126>	Telephone Number	
<127>	Fax Number	
<128>	Email Address	

Electronic Shapefiles attachments

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

[illegible]

0

98

<010> Study Area Code	178002
<015> Study Area Name	NRP Cellcorp, Inc.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rick Kulasinsky
<035> Contact Telephone Number - Number of person identified in data line <030>	5707853131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	NRP Cellcorp, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/31/2014
Printed name of Authorized Officer:	Rick Kulasinsky
Title or position of Authorized Officer:	Wireless Engineering and Operations Manager
Telephone number of Authorized Officer:	5707853131 ext.
Study Area Code of Reporting Carrier:	178002 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	178002
<015>	Study Area Name	NEP Cellcorp, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Kulasinaky
<035>	Contact Telephone Number - Number of person identified in data line <030>	5707851131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

<010>	Study Area Code	178002
<015>	Study Area Name	NEP Cellcorp, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Kulasinsky
<035>	Contact Telephone Number - Number of person identified in data line <030>	5707853131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

<200>	Date Authorized to Receive Support	<input type="text" value="04/26/2013"/>
<201>	Targeted Completion Date	<input type="text" value="04/26/2016"/>
<202>	Total Mobility Fund Support Awarded	<input type="text" value="270654.0"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text" value="90218.0"/>
<204>	Support Applied to Network Design	<input type="text" value="21349.0"/>
<205>	Support Applied to Construction	<input type="text" value="19270.0"/>
<206>	Support Applied to Deployment	<input type="text" value="49599.0"/>
<207>	Support Applied to Maintenance	<input type="text" value="0.0"/>
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input type="radio"/> <input checked="" type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<210>	Actual Completion Date	<input type="text" value="04/26/2016"/>
<211>	Project Status Description (attached)	<input type="text" value="178002_PSD_PA.pdf"/> {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<010>	Study Area Code	178002
<015>	Study Area Name	NEP Cellcorp, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Kulasinsky
<035>	Contact Telephone Number - Number of person identified in data line <030>	5707853131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: NEP Cellcorp, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 07/31/2014

Printed name of Authorized Officer: Rick Kulasinsky

Title or position of Authorized Officer: Wireless Engineering and Operations Manager

Telephone number of Authorized Officer: 5707853131 ext.

Study Area Code of Reporting Carrier: 178002

Filing Due Date for this form: 07/31/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010> Study Area Code	178002
<015> Study Area Name	NEP Cellcorp, Inc.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rick Kulasinsky
<035> Contact Telephone Number - Number of person identified in data line <030>	5707853131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	rk@nep.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer:

Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent or Employee of Agent:

Signature of Authorized Agent or Employee of Agent:

Date:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent:

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

(060) Coverage and Performance Report

FCC Form 690
 Approved by OMB
 OMB Control No. 3060-1185

<010> Study Area Code 178002
 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasky
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net
 <140> Coverage and Performance Report Year 07/2013 - 06/2014

<1>	<2>	<3>	<4>	<5>	<6>	<7>	<8>	<9>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Susquehanna	421150324001046	0	0	0	0.53	0.53	0.53	Yes	No	No
PA	Susquehanna	421150324001047	0	0	0	0.34	0.34	0.34	Yes	No	No
PA	Susquehanna	421150324001048	0	0	0	0.07	0.07	0.07	Yes	No	No
PA	Susquehanna	421150324001053	0	0	0	1.55	1.55	1.55	Yes	No	No
PA	Susquehanna	421150324001054	0	0	0	0.15	0.15	0.15	Yes	No	No
PA	Susquehanna	421150324001058	0	0	0	1.82	1.82	1.82	Yes	No	No
PA	Susquehanna	421150324002000	0	0	0	0.17	0.16	0.16	Yes	No	No
PA	Susquehanna	421150324002001	0	0	0	0.17	0.12	0.12	Yes	No	No
PA	Susquehanna	421150324002014	0	0	0	0.84	0.84	0.84	Yes	No	No
PA	Susquehanna	421150324002019	0	0	0	2.74	2.62	2.62	Yes	No	No
PA	Susquehanna	421150324002020	0	0	0	0.07	0.0	0.0	No	No	No
PA	Susquehanna	421150324002021	0	0	0	0.02	0.02	0.02	Yes	No	No
PA	Susquehanna	421150324002022	0	0	0	0.5	0.45	0.45	Yes	No	No
PA	Susquehanna	421150324002023	0	0	0	0.23	0.23	0.23	Yes	No	No
PA	Susquehanna	421150324002027	0	0	0	1.28	1.28	1.28	Yes	No	No
PA	Susquehanna	421150324002028	0	0	0	0.12	0.12	0.12	Yes	No	No
PA	Susquehanna	421150324002029	0	0	0	0.51	0.51	0.51	Yes	No	No
PA	Susquehanna	421150324002030	0	0	0	0.23	0.23	0.23	Yes	No	No
PA	Susquehanna	421150324002031	0	0	0	0.36	0.36	0.36	Yes	No	No
PA	Susquehanna	421150324002034	0	0	0	0.96	0.96	0.96	Yes	No	No

Percentage of
 Total Population
 Reached by
 Service

0

Percentage of Total
 Road Miles covered
 by Service

98

<010> Study Area Code 178002
 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinaky
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rkneep.net
 <140> Coverage and Performance Report Year 07/2013 - 06/2014

<01>	<02>	<03>	<04>	<05>	<06>	<07>	<08>	<09>	<10>	<11>	<12>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Susquehanna	421150324002035	0	0	0	0.39	0.39	0.39	Yes	No	No
PA	Susquehanna	421150324002036	0	0	0	0.11	0.11	0.11	Yes	No	No
PA	Susquehanna	421150324002037	0	0	0	0.13	0.13	0.13	Yes	No	No
PA	Susquehanna	421150324002038	0	0	0	0.25	0.25	0.25	Yes	No	No
PA	Susquehanna	421150324002039	0	0	0	0.31	0.31	0.31	Yes	No	No
PA	Susquehanna	421150324002040	0	0	0	0.27	0.27	0.27	Yes	No	No
PA	Susquehanna	421150324002041	0	0	0	0.14	0.14	0.14	Yes	No	No
PA	Susquehanna	421150324002042	0	0	0	0.26	0.26	0.26	Yes	No	No
PA	Susquehanna	421150324002043	0	0	0	0.17	0.17	0.17	Yes	No	No
PA	Susquehanna	421150324002044	0	0	0	0.2	0.2	0.2	Yes	No	No
PA	Susquehanna	421150324002045	0	0	0	0.16	0.16	0.16	Yes	No	No
PA	Susquehanna	421150324002046	0	0	0	0.06	0.06	0.06	Yes	No	No
PA	Susquehanna	421150324002047	0	0	0	0.12	0.12	0.12	Yes	No	No
PA	Susquehanna	421150324002048	0	0	0	0.26	0.26	0.26	Yes	No	No
PA	Susquehanna	421150324002049	0	0	0	0.27	0.27	0.27	Yes	No	No
PA	Susquehanna	421150324002050	0	0	0	0.44	0.44	0.44	Yes	No	No
PA	Susquehanna	421150324002051	0	0	0	1.36	1.07	1.07	Yes	No	No
PA	Susquehanna	421150324002052	0	0	0	0.42	0.28	0.28	Yes	No	No
PA	Susquehanna	421150324002053	0	0	0	0.5	0.32	0.32	Yes	No	No
PA	Susquehanna	421150324002058	0	0	0	0.38	0.38	0.38	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

98

<010> Study Area Code 178002
 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net
 <140> Coverage and Performance Report Year 07/2013 - 06/2014

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
	PA	Susquehanna	421150324002059	0	0	0	0.19	0.19	0.19	Yes	No	No
	PA	Susquehanna	421150324002060	0	0	0	0.23	0.23	0.23	Yes	No	No
	PA	Susquehanna	421150324002061	0	0	0	0.59	0.59	0.59	Yes	No	No
	PA	Susquehanna	421150324002062	0	0	0	0.25	0.25	0.25	Yes	No	No
	PA	Susquehanna	421150324002063	0	0	0	0.08	0.08	0.08	Yes	No	No
	PA	Susquehanna	421150324002064	0	0	0	0.13	0.13	0.13	Yes	No	No
	PA	Susquehanna	421150324002067	0	0	0	1.04	1.04	1.04	Yes	No	No
	PA	Susquehanna	421150324002068	0	0	0	0.11	0.11	0.11	Yes	No	No
	PA	Susquehanna	421150324002069	0	0	0	0.06	0.06	0.06	Yes	No	No
	PA	Susquehanna	421150324002070	0	0	0	0.37	0.37	0.37	Yes	No	No
	PA	Susquehanna	421150324002071	0	0	0	0.03	0.03	0.03	Yes	No	No
	PA	Susquehanna	421150324002072	0	0	0	0.41	0.41	0.41	Yes	No	No
	PA	Susquehanna	421150324002073	0	0	0	0.84	0.84	0.84	Yes	No	No
	PA	Susquehanna	421150324002075	0	0	0	0.41	0.41	0.41	Yes	No	No
	PA	Susquehanna	421150324002082	0	0	0	0.09	0.09	0.09	Yes	No	No
	PA	Susquehanna	421150324002084	0	0	0	0.28	0.28	0.28	Yes	No	No
	PA	Susquehanna	421150324002088	0	0	0	0.7	0.7	0.7	Yes	No	No
	PA	Susquehanna	421150324002091	0	0	0	0.02	0.02	0.02	Yes	No	No
	PA	Susquehanna	421150324002093	0	0	0	0.07	0.07	0.07	Yes	No	No
	PA	Susquehanna	421150324002094	0	0	0	0.17	0.17	0.17	Yes	No	No

Percentage of
Total Population
Reached by
Service

c

Percentage of Total
Road Miles covered
by Service

98

(090) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 178002
 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net
 <140> Coverage and Performance Report Year 07/2013 - 06/2014

<141>	<41>	<42>	<43>	<44>	<45>	<46>	<47>	<48>	<49>	<50>	<51>	<52>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
	PA	Susquehanna	421150324003005	0	0	0	0.16	0.16	0.16	Yes	No	No
	PA	Susquehanna	421150324003025	0	0	0	0.13	0.13	0.13	Yes	No	No
	PA	Susquehanna	421150324003027	0	0	0	0.05	0.05	0.05	Yes	No	No
	PA	Susquehanna	421150324003028	0	0	0	0.22	0.22	0.22	Yes	No	No
	PA	Susquehanna	421150324003083	0	0	0	0.55	0.55	0.55	Yes	No	No
	PA	Susquehanna	421150324003084	0	0	0	0.39	0.39	0.39	Yes	No	No
	PA	Susquehanna	421150324003085	0	0	0	0.24	0.24	0.24	Yes	No	No
	PA	Susquehanna	421150324003086	0	0	0	0.5	0.5	0.5	Yes	No	No
	PA	Susquehanna	421150324003088	0	0	0	0.17	0.17	0.17	Yes	No	No
	PA	Susquehanna	421150324003092	0	0	0	2.06	2.06	2.06	Yes	No	No
	PA	Susquehanna	421150324003093	0	0	0	1.23	1.23	1.23	Yes	No	No
	PA	Susquehanna	421150324003100	0	0	0	1.13	1.13	1.13	Yes	No	No
	PA	Susquehanna	421150324003102	0	0	0	0.19	0.19	0.19	Yes	No	No
	PA	Susquehanna	421150324003103	0	0	0	0.08	0.08	0.08	Yes	No	No
	PA	Susquehanna	421150324003104	0	0	0	0.83	0.76	0.76	Yes	No	No
	PA	Susquehanna	421150324003105	0	0	0	0.53	0.53	0.53	Yes	No	No
	PA	Susquehanna	421150324003106	0	0	0	1.17	1.17	1.17	Yes	No	No
	PA	Susquehanna	421150324003107	0	0	0	1.64	1.64	1.64	Yes	No	No
	PA	Susquehanna	421150324003111	0	0	0	2.13	2.13	2.13	Yes	No	No
	PA	Susquehanna	421150324003114	0	0	0	0.15	0.15	0.15	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

98

(060) Coverage and Performance Report

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010> Study Area Code 178002
 <015> Study Area Name NEP Cellcorp, Inc.
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Rick Kulasinsky
 <035> Contact Telephone Number - Number of person identified in data line <030> 5707853131 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> rk@nep.net
 <140> Coverage and Performance Report Year 07/2013 - 06/2014

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
PA	Susquehanna	421150324003115	0	0	0	1.79	1.79	1.79	Yes	No	No
PA	Susquehanna	421150324003116	0	0	0	0.41	0.41	0.41	Yes	No	No
PA	Susquehanna	421150324003117	0	0	0	0.15	0.15	0.15	Yes	No	No
PA	Susquehanna	421150324003118	0	0	0	0.39	0.39	0.39	Yes	No	No
PA	Susquehanna	421150324003119	0	0	0	0.09	0.09	0.09	Yes	No	No
PA	Susquehanna	421150324003120	0	0	0	1.8	1.8	1.8	Yes	No	No
PA	Susquehanna	421150324004000	0	0	0	0.29	0.29	0.29	Yes	No	No
PA	Susquehanna	421150324004005	0	0	0	0.25	0.25	0.25	Yes	No	No
PA	Susquehanna	421150324004006	0	0	0	0.02	0.02	0.02	Yes	No	No
PA	Susquehanna	421150324004007	0	0	0	0.89	0.89	0.89	Yes	No	No
PA	Susquehanna	421150324004012	0	0	0	0.34	0.34	0.34	Yes	No	No
PA	Susquehanna	421150324004013	0	0	0	0.07	0.07	0.07	Yes	No	No
PA	Susquehanna	421150324004022	0	0	0	0.3	0.3	0.3	Yes	No	No
PA	Susquehanna	421150324004023	0	0	0	0.19	0.19	0.19	Yes	No	No
PA	Susquehanna	421150324004084	0	0	0	0.37	0.37	0.37	Yes	No	No
PA	Susquehanna	421150324004091	0	0	0	1.01	1.01	1.01	Yes	No	No
PA	Susquehanna	421150324005001	0	0	0	0.5	0.5	0.5	Yes	No	No
PA	Susquehanna	421150324005046	0	0	0	0.06	0.06	0.06	Yes	No	No

Percentage of
Total Population
Reached by
Service

0

Percentage of Total
Road Miles covered
by Service

98